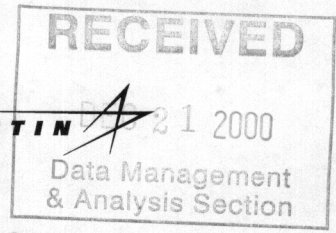


CAD 982 469 124



LOCKHEED MARTIN

Lockheed Martin Space Systems  
P.O. Box 3504, B/101 O/EK-10  
Sunnyvale, CA 94088-3504

December 19, 2000  
2000310

US EPA / PRC - RCRA  
135 Main Street, Suite 1800  
San Francisco, CA 94105

Subject: Deactivation of EPA Generator Identification Numbers

Dear Sir or Madam:

Lockheed Martin Space Systems (LMSS) previously operated the facilities listed below. LMSS no longer occupies or generates hazardous waste at these facilities; therefore, please deactivate the EPA Generator Identification Numbers associated with the following addresses. The Company name when these identification numbers were requested was Lockheed Missiles and Space Company.

EPA ID#	Facility Address	LMSS Building #	Date of Deactivation
CAD982469124	1220 North Mathilda Ave. Sunnyvale, CA 94089	562	12/1/2000
CAL000019534	1302 North Mathilda, Ave. Sunnyvale, CA 94089	177	12/15/2000

If you have any questions regarding this request, please contact me at (408) 742-0243.

Sincerely,  
Lockheed Martin Space Systems

*James C. Seaver*

James C. Seaver  
Environment, Safety and Health

*Aug 12/12/00*

*ok*

Form Approved. OMB No. 2050-0028. Expires 9-30-88.  
GSA No. 0246-EPA-07

ОCT 20 1988



# Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

[illegible]

L	O	C	K	H	E	E	D		M	I	S	S	I	L	E	S		&		S	P	A	C	E		C	O.
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	--	---	----

## Street or P.O. Box

[illegible]

## Street or Route Number

C		STREET OR ROUTE NUMBER																				CITY OR TOWN		STATE		ZIP CODE				
5		1	2	2	0		N	O	R	T	H		M	A	T	H	I	L	D	A		A	V	E		B	5	6	2	
C		STREET OR ROUTE NUMBER																				CITY OR TOWN		STATE		ZIP CODE				
6		S	U	N	N	Y	V	A	L	E												C	A	9	4	0	8	9		

## Name and Title (last, first, and job title)

C	S	E	A	V	E	R		J	A	M	E	S		E	N	V	E	N	G	4	0	8	7	4	2	0	2	4	3
---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**A. Name of Installation's Legal Owner**

[illegible]

**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

**VIII. Mode of Transportation** (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)



ID — For Official Use Only														
C													T/A	C
W														1

# X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 3				
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

# XI. Certification

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature <i>AK Wilson</i>	Name and Official Title (type or print) M. C. Posson, Manager Environmental Protection Programs	Date Signed 10/14/88
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EPA Form 8700-12 (Rev. 11-85) Reverse

Sodium hydroxide	methyl ethyl ketone
Potassium hydroxide	freon
Copper etchant/hydrochloric acid	xylene
epoxy resins	acetone
toluene	Nickel plating solutions